

Judicial Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election

OCT 07 2010

Campaign Finance
Secretary of State

Name of Candidate

Fran Yeatts

Address

3586 Sanger Blvd. Suite 1, Prichard, MS 39144 County Harrison

Telephone Work

228-860-7864

Home

228-860-7864

Fax

601-510-9611

Contact Name

Fran Yeatts

Email Address

lyeatts@gmail.com

Office Sought

Chancery Court Judge, District 8, Place 2

Check here if above is different from previous report

DATE/STAMP

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
☒ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation).....Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$	\$ 0
Total amount of disbursements	\$ 7,445. ⁹² +\$ 0	\$ 7,445. ⁹²	\$ 7,445. ⁹²
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Frank Yeatts

Reporting period

July 1, 2010

through

September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Sign Shop	8/27/10	\$ 734. ⁰²
Mailing Address		
1513 24th Avenue		
City, State, Zip Code		
Gulfport, MS 39501		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 734. ⁰²
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Advertising	9/21/10	\$ 6,450. ⁰⁰
Mailing Address		
10571 Outdoor Way		
City, State, Zip Code		
Gulfport, MS 39503		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,450. ⁰⁰
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Overnight Prints	9/1/10	\$ 61. ⁹⁰
Mailing Address		
P.O. Box 15390		
City, State, Zip Code		
Irvin, CA 92623		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 61. ⁹⁰
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$